

**DECLARATION AND POWER OF ATTORNEY FOR USA PATENT APPLICATION**

(includes Reference to PCT International Appl)

Attorney's Docket ID: 2019.222

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below adjacent to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **LASER DIODE-EXCITED BIOLOGICAL PARTICLE DETECTION SYSTEM**

the specification of which:

- ☒ is attached hereto,  
☐ was filed as United States Application  
 Serial No. \_\_\_\_\_  
 on \_\_\_\_\_  
 and was amended \_\_\_\_\_ (if applicable).  
☐ was filed as PCT International Application.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, where priority is not claimed, any foreign application for patent or inventor's certificate, or any PCT International application, having a filing date before that of the application on which priority is claimed. (\_\_\_\_ ADDITIONAL APPLICATIONS IDENTIFIED ON ATTACHED SHEET)

Prior Foreign Application No.

Country

Day/Month/Year Filed

Priority Not Claimed

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s), or 365(c) of any PCT application designating the U.S., listed below; and insofar as the subject matter of each claim of this application is not disclosed in the prior U.S. or PCT application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application. (\_\_\_\_ ADDITIONAL APPLICATIONS IDENTIFIED ON ATTACHED SHEET.)

U.S. or PCT Parent Application No.

Parent Filing Date (Day/Month/Year)

Parent Patent No. (if applicable)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint Sean W. Goodwin (Reg. No. 39,568) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: **GOODWIN BERLIN McKAY**  
 The Burns Building  
 Suite 660, 237 - 8<sup>th</sup> Avenue S.E.  
 Calgary, AB T2G 5C3 CANADA

Telephone No.  
 403-203-0107

Direct Calls to:  
 Sean W. Goodwin

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1000 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>SOLE OR FIRST INVENTOR</b>		Citizenship
		CANADIAN
Given Name (first and middle (if any))		Family Name or Surname
JIM YEW-WAH		HO
Full Post Office Address		
578 - 1 <sup>st</sup> STREET N.W., MEDICINE HAT, ALBERTA, T1A 6H8, CANADA		
Residence - City, State/Country (if different from PO address)		
SIGN AND DATE HERE Inventor's Signature		
[Signature]		
Date		
26 NOV 01		
<b>SECOND JOINT INVENTOR (if any)</b>		Citizenship
Given Name (first and middle (if any))		Family Name or Surname
Full Post Office Address		
Residence - City, State/Country (if different from PO address)		
SIGN AND DATE HERE Inventor's Signature		
Date		
<b>THIRD JOINT INVENTOR (if any)</b>		Citizenship
Given Name (first and middle (if any))		Family Name or Surname
Full Post Office Address		
Residence - City, State/Country (if different from PO address)		
SIGN AND DATE HERE Inventor's Signature		
Date		
<b>FOURTH JOINT INVENTOR (if any)</b>		Citizenship
Given Name (first and middle (if any))		Family Name or Surname
Full Post Office Address		
Residence - City, State/Country (if different from PO address)		
SIGN AND DATE HERE Inventor's Signature		
Date		

GOODWIN BERLIN McKAY